



# PUBLIC HEALTH

## *Connections*

Bureau of Community Health Systems

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Your work forms  
the many  
branches of  
public health.  
Happy holidays  
to all!

## Addressing the congenital syphilis crisis in Kansas

by Lisa Horn, Public Health Nurse Specialist, KDHE, Local Public Health

A baby born and left in an apartment became the anonymous face for the second record-breaking year of congenital syphilis cases in the state of Kansas.

The baby's mother had been identified as a case in a Kansas syphilis outbreak and was treated by a local health department. She later discovered she was pregnant and so local health workers helped her schedule a prenatal visit early in her first trimester. In routine testing conducted by her obstetrician, it was determined that she'd been reinfected and her drug screen was positive for meth.

"Unfortunately, the provider there told her, 'I'm going to have to report you.' To which she bolted out and she went deeper underground," said Phil Griffin, director of the Bureau of Disease Control and Prevention at the Kansas Department of Health and Environment. "Nobody knew where she was."

A pregnant woman can pass the disease to her unborn baby increasing the risk

See 'Kansas' on page 2

# Kansas, partners across state lines working together

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of low birth weight, pre-term birth and stillbirth. In an untreated infant, syphilis can cause cataracts, deafness, seizures and death.

In 2018, eight cases of congenital syphilis were reported to KDHE — 2019 has so far matched that number. Early syphilis cases, along with other sexually-transmitted infections, continue to increase. In 2017, the total number of early syphilis cases (persons determined to have been infected within 12 months prior to testing positive) was 330, according to Scott Strobel, section chief, STI/HIV Surveillance & Intervention at KDHE. The total in 2018 was 415. Once investigations are complete for 2019, Strobel estimates that this year's early syphilis case total will reach approximately 400 cases and could surpass 2018.

Kansas is one of four battleground states dealing with the crisis; along with Oklahoma, Arkansas and Missouri, these form a veritable bullseye where the borders meet.

"We all have the same issue," Griffin said. "It's all meth as a primary risk."

This case and the others before it underscore a desperate need for new strategies to prevent the illness and call for stronger partnerships across agencies and state lines.

KDHE's Bureau of Disease Control and Prevention is collaborating with the Bureau of Family Health's Maternal Child Health program so that MCH home visitors around the state ensure their high-risk clients get the recommended prenatal care screenings. MCH guidelines will soon reflect this as an expected standard of care, Griffin said.

The Community Health Center of Southeast Kansas in Pittsburg now houses a disease intervention specialist (DIS), who ensures clients exposed to sexually-transmitted infections are notified and assists with getting them into treatment. Clients in need of syphilis treatment may be seen at the clinic, thanks to an established agreement, Griffin said. The southeast Kansas DIS will also work to strengthen relationships with providers, the Department of Children and Families, local health departments and other community health center locations.

Kansas has taken the lead in the four-state collaborative, which is working to increase each state's ability to share data, communication and patient care while avoiding duplication of services.

Increasing syphilis screening among Kansas jail inmates is also underway. KDHE is providing testing equipment to jails to identify syphilis cases and complete treatment prior to the inmate's release. A DIS also works to locate their contacts to provide testing and/or treatment. Other efforts include screening for syphilis at every Title X family planning visit and implementation of IRIS, a web-based communication tool to help connect organizations serving families to each other and to connect families to services.

Data on meth and other drug arrests from the Kansas Bureau of Investigation is being used to guide efforts. Work is also underway to receive an endorsement from the American College of Obstetricians and Gynecologists to increase the number of times syphilis is tested for throughout pregnancy and at delivery.

Currently, syphilis testing is only required in the first trimester. The new endorsement would strengthen recommendations for testing at the beginning of the third trimester and at the baby's birth as a standard of care, Griffin said.

The baby left in the apartment was successfully treated and is now thriving. But like the other cases, it took a collaboration of health providers, local public health, law enforcement, DCF and KDHE. The team approach is the only way the crisis can be addressed.

"We're really trying to address it from every angle possible," Griffin said.

## Request for Applications: Local Innovations in Congenital Syphilis Prevention

In partnership with the Centers for Disease Control and Prevention (CDC) Division of STD Prevention, NACCHO will provide local health departments with **up to \$25,000** each to implement and evaluate a program strategy to improve congenital syphilis in their area.

More information and the request for applications is available [here](#).

The deadline to apply is: **Jan. 10, 2020.**

The 2018 Annual Summary of Vital Statistics is now available. Some highlights from the report are:

- In 2018, there were 36,268 live births to residents of Kansas. This was a decrease of 0.5 percent from the 36,464 births reported in 2017.
- There were 27,213 Kansas resident deaths recorded in 2018, an increase of 1.8 percent from the 26,725 deaths recorded in 2017.

Information on births to teen moms, the median age of Kansans, marriages, divorces and deaths caused by various illnesses and injuries also can be found in the summary.

Click [here](#) to see the full report.

### Mark your calendar for 2020 Community Health Promotion Summit

The annual Community Health Promotion Summit, “Belonging in a Healthy Kansas,” **Jan. 29-31, 2020** at the [Drury Plaza Hotel Broadview](#) in Wichita.

To review the agenda or to register, click [here](#). You may register for the summit in its entirety or individual days. Registration **will close Friday, Jan. 10**. For those who wish to stay overnight, a limited block of rooms (with complimentary parking) at the venue is available. Please use confirmation **code 2372696** when booking.

## Kansas Information for Communities (KIC) has been updated with 2018 information. Updates include:

- Birth
- Pregnancy
- Hospital Discharge – Diagnosis & Procedure
- Population
- Death
- Emergency Department – Diagnosis.

The cancer module is up to date with 2016 information being the most current. To access the KIC System, go to [kic.kdheks.gov](http://kic.kdheks.gov).

## Is your health-related facility usable by people with mobility limitations?



The Kansas Disability and Health Program (DHP) can help staff assess whether their health-related facility is usable by people with mobility limitations. Using the Community Health Environment Checklist for Mobility impairment (CHEC-M), the DHP works with trained assessors from independent living centers to evaluate features (such as parking,

entrances, restrooms and path of travel) for usability.

The CHEC-M is a valid and reliable measure of environmental usability and receptivity that was developed for and by people with disabilities. The purpose of the CHEC-M is to provide an objective measure of a site's usability, including the features that are important to persons with disabilities and older adults.

The CHEC-M generates straightforward information about facilitators and potential barriers to their use of a facility (i.e., to let people know if they can get into a certain location and participate as they wish). For that reason, the CHEC-M focuses on usability rather than accessibility alone. It is not an ADA assessment and is not designed for litigation. However, it provides detailed information so that facility staff can learn about barriers that might prevent people with disabilities from using facilities. This information can be used to make changes that enable use by people with disabilities and older adults.

Last year, more than 20 CHEC-Ms of facilities were completed in Kansas, including medical and dental offices, veterinary clinics, a community center and a YMCA facility. If you are interested in having a facility assessed for usability by people with mobility limitations, please contact Kim Bruns, program coordinator, at [kbruns@ku.edu](mailto:kbruns@ku.edu) to schedule a CHEC-M.



# Learn how to use local emergency department data in your community

ESSENCE (Electronic Surveillance System for the Early Notification of Community based Epidemics) is a web-based system created to alert health authorities of a public health event and allows for quick analysis. ESSENCE is funded and provided by the CDC, administered by KDHE, and requires no data entry by local health departments because the information is coming from local hospitals. The data from emergency departments can be used by health departments to monitor infectious disease outbreaks (i.e., influenza), mass gatherings (i.e., county fairs), injuries (i.e., drug overdoses), chronic conditions (i.e., asthma), health care (i.e., medication refills), natural and man-made disasters (i.e., fires) and more.

A **free learning collaborative** to help local public health staff learn how to use the system and how to use the data will take place **January through June 2020**. The deadline to enroll is **Jan. 1**.

Individuals involved in the collaborative should be using the system, but it can also include those wanting to think about the bigger picture of using emergency department data to monitor and assess the health of their community. Users are also welcome to listen in and learn more about what others are doing in the system. Previous ESSENCE Learning Collaborative participants are welcome to join as well.

## **Learning Collaborative members will be asked to dedicate time to:**

- Monthly county-specific practice
- Monthly one hour learning collaborative sessions.

## **The focus of the collaborative will include but not be limited to:**

- Sharing queries
- Changing location and/or facility
- Data stratification
- Data detail interruption
- Writing a query
- CCDD categories.

To enroll, complete a pre-survey by visiting: [https://wichitastate.co1.qualtrics.com/jfe/form/SV\\_ehxGWdIDYHmGQo5](https://wichitastate.co1.qualtrics.com/jfe/form/SV_ehxGWdIDYHmGQo5) For additional questions and/or comments, please email Danielle Ast at [danielle.ast@wichita.edu](mailto:danielle.ast@wichita.edu).



### **Lawrence-Douglas County Health Department**

Public Health Nurse

<https://ldchealth.org/Jobs.aspx?UniqueId=98&From=All&CommunityJobs=False&JobID=Public-Health-Nurse-37>

Registered Dietitian

<https://ldchealth.org/Jobs.aspx?UniqueId=98&From=All&CommunityJobs=False&JobID=Registered-Dietitian-39>

### **Shawnee County Health Department**

RN – Nurse-Family Partnership

RN – MCH Outreach

<https://www.snco.us/oasys>



## News & Resources

### 2020 technical assistance available to support disability inclusion efforts

NACCHO's Health and Disability Program is accepting applications **through Jan. 31, 2020** for its Health and Disability Technical Assistance Program.

This initiative is designed to support local health departments seeking to increase inclusivity and accessibility for people with disabilities in their programs, products and services. NACCHO welcomes technical assistance requests for the inclusion of people with disabilities in all health department activities, including emergency preparedness planning/response, health promotion, community health assessment and improvement planning and staff training.

Interested local health departments are strongly encouraged to submit an **application for technical assistance by Jan. 31, 2020**. Applications take 10 minutes (or less) to complete and are reviewed on a rolling basis. Technical assistance will begin in February 2020.

Click [here](#) for more info.

### Gay, bisexual men increasingly agree, “HIV Undetectable Equals Untransmittable”

Extensive evidence from HIV prevention research studies has firmly established that “Undetectable Equals Untransmittable,” or U=U. A new study of nearly 112,000 men who have sex with men in the United States has found increasing acceptance of the U=U message in this population.

This means that people living with HIV who achieve and maintain an undetectable viral load — the amount of virus in their blood — by taking antiretroviral therapy (ART) as prescribed do not sexually transmit HIV to others. The U.S. Centers for Disease Control and Prevention estimates this strategy is 100 percent effective against the sexual transmission of HIV.

Click [here](#) to learn more.

### Antibiotic resistance info updated, priorities for 2020 listed



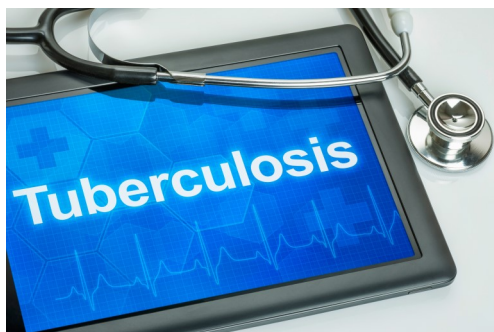
People in the United States contend with more than 2.8 million antibiotic-resistant infections a year and more than 35,000 die as a result, according to new data from the Centers for Disease Control and Prevention. The agency's “[Antibiotic Threats in the United States, 2019](#)” — an update of its first analysis in 2013 of antibiotic resistance in the U.S.— outlines the top 18 resistant pathogens and evaluates progress in the fight against superbugs.

The report shows important advances made over the past six years particularly in the decline of six types of resistant infections but it also highlights the continued severity of the superbug threat and the urgent need to preserve the antibiotic stockpile's effectiveness and spur innovation of new types of antibiotics. It lists five priorities for combating antibiotic resistance in 2020.



# News & Resources

## 2018 U.S. Tuberculosis Surveillance Report released



Too many people in the United States still suffer from TB disease. New 2018 TB surveillance data can help track progress toward elimination and inform TB prevention and control activities.

The 2018 edition of [Reported Tuberculosis in the United States](#) marks a milestone as the first one to be published exclusively online, to help our audiences discover, view, and share content more easily.

CDC has created a [slide set](#), [fact sheet](#), [infographic pdf icon](#) and [web graphics](#) with highlights from the surveillance report

to support TB education and outreach to clinicians, health care agencies and community organizations.

## Veterinarians play a role in the opioid crisis

There are many efforts to educate physicians and dentists about their roles and responsibilities in addressing this national crisis. But what about veterinarians?

Animals, like humans, may receive opioids for pain. Veterinarians and veterinary clinics can be registered with the U.S. Drug Enforcement Administration and in many states can administer, prescribe, stock and dispense opioids.

As efforts to educate and monitor opioid prescribing by medical and dental providers have increased, individuals may try to covertly access opioids for their own use from their pets or other animals. In addition, leftover opioids from veterinary prescriptions can also result in diversion, misuse, or inadvertent exposure for members of the household. Access to opioids in the workplace can also lead to misuse by veterinary staff leading to overdose and death.

The Food and Drug Administration offers guidance in "[The Opioid Epidemic: What Veterinarians Need to Know](#)."

## NIH strategic plan details pathway to achieving Hepatitis B cure

Despite a highly effective vaccine to prevent hepatitis B virus (HBV) infection available for nearly 40 years, millions worldwide continue to become infected. Scientific discoveries within the past decade suggest that a hepatitis B cure is possible. To effectively address the global public health challenge posed by HBV, a curative treatment will need to complement better approaches to screening, follow-up care, and vaccination coverage.

The "[Strategic Plan for Trans-NIH \(National Institutes of Health\) Research to Cure Hepatitis B](#)" focuses on three key research areas:

- A better understanding of hepatitis B biology
- The development and sharing of tools and resources to support fundamental research and product development
- The creation of strategies to cure and prevent hepatitis B infection.